

Director's Signature: \_\_\_\_\_

*C. Salemi*

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: May 22, 2010

Employee Name:		Sunday 05/16/10	Monday 05/17/10	Tuesday 05/18/10	Wednesday 05/19/10	Thursday 05/20/10	Friday 05/21/10	Saturday 05/22/10
Corbett, Kate 45161000 <i>Kate Corbett</i> Employee Signature	Day: In - Out		6:55 2:55	6:45 2:45	6:50 2:50	7:00 3:00	6:45 2:45	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
Dookhan, Annie 45161000 <i>Annie Dookhan</i> Employee Signature	Day: In - Out		6:45 4:15	6:45 4:00	6:45 3:30	6:45 4:15	6:45 4:15	
	Lunch: Out - In		12:00 12:30	12:00 12:30		12:00 12:30	12:00 12:30	
	Outside Duty: From - To				7:35 8:15	10:05 1:00		
Document exceptions or comments, indicate type and amount.			OT 1.50 ✓	OT 1.25 ✓	Salem Superior OT 1.0 ✓	Salem Sup OT 1.5 ✓	OT 1.5 ✓	
Feiden, Stacey 8100-9745 <i>Stacey Feiden</i> Employee Signature	Day: In - Out		/	/	/	/	/	
	Lunch: Out - In		/	/	/	/	/	
	Outside Duty: From - To		/	/	/	/	/	
Document exceptions or comments, indicate type and amount.			FNW 7.5 ✓	FNW 7.5 ✓	FNW 7.5 ✓	FNW 4.5 VAC 3.0	VAC 2.75 LNP 4.75 ✓	
Frasca, Daniela 45161000 <i>Daniela Frasca</i> Employee Signature	Day: In - Out		6:45 2:45	7:30 3:30	7:00 3:00	6:45 2:45	7:00 3:00	
	Lunch: Out - In		1:00 1:30	12:30 1:00	12:45 1:15	12:40 1:10	1:15 1:45	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

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Employee Name:		Sunday 05/16/10	Monday 05/17/10	Tuesday 05/18/10	Wednesday 05/19/10	Thursday 05/20/10	Friday 05/21/10	Saturday 05/22/10
Glazer, Lisa	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45
45161000	Lunch: Out - In		12:00 12:30		12:00 12:30	12:00 12:30	12:00 12:30	
<i>[Signature]</i>	Outside Duty: From - To			Have in Dist CT West 3.40 hr / 10:00 12:30	9:30 12:00			
Document exceptions or comments, indicate type and amount.								OT 6 hrs
Lawler, Michael	Day: In - Out		7:55 4:30	/	/	/	/	
45161000	Lunch: Out - In		2:00 2:30	/	/	/	/	
<i>[Signature]</i>	Outside Duty: From - To			/	/	/	/	
Document exceptions or comments, indicate type and amount.				MOSES LEAVE 7.5	3.0 VACATION 4.5 FFW	7.5 FFW Furlough	7.5 FFW Furlough	
Medina, Nicole	Day: In - Out		7:30 3:30	7:40 1:40	7:45 3:45	7:40 3:40	8:30 3:30	
45161000	Lunch: Out - In		12:00 12:30		12:00 12:30	12 12:30	12 12:30	
<i>[Signature]</i>	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.				1.5 Sick appt			Sick Thru	
O'Brien, Elisabeth	Day: In - Out		7:40 4:50	7:40 2:40	7:50 5:30	7:10 3:5	7:30 2:30	
45161000	Lunch: Out - In		11:00 1:10	11:30 12:00	11:30 12:00	11:30 12:00	11:30 12:00	
<i>[Signature]</i>	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			Per. 2.0			com 0.5		

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Philips, Gloria	Day: In - Out							
45161000	Lunch: Out - In							
<i>PS</i>	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.			CMT 7.5 ✓	CMT 7.5 ✓	SIC 7.5 ✓	CMT 7.5 ✓	VAC 7.5 ✓	
Piro, Peter	Day: In - Out		7:30 3:30	8:10 6:10	8:15 2:10		8:00 1:00	
45161000	Lunch: Out - In		12 12:30	12 12:30				
<i>P. Piro</i>	Outside Duty: From - To							
Employee Signature								
Document exceptions or comments, indicate type and amount.				OT 2.0 hr ✓	VAC 1.5 ✓	SIC 7.5 ✓	VAC 2.0 ✓	
Renczkowski, Daniel	Day: In - Out		8:10 4:10	6:45 2:45	7:25 3:25	7:00 3:00		
45161000	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30		
<i>D. Renczkowski</i>	Outside Duty: From - To					Shattuck 8:30 9:30		
Employee Signature								
Document exceptions or comments, indicate type and amount.							7.5 SIC ✓	
Saunders, Della	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:05	6:45 2:45	6:45 12:45	6:45 4:45
45161000	Lunch: Out - In		1:30 2:00	1:40 2:10		1:30 2:00		1:45 2:15
<i>Della Saunders</i>	Outside Duty: From - To				7:35 2:15			
Employee Signature								
Document exceptions or comments, indicate type and amount.					Salem Superior		CMT 1.5 ✓	OT 9.5 ✓

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*C. Salem*

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Sprague, Shirley 45161000 <i>Shirley Sprague</i> Employee Signature	Day: In - Out		8:30 4:30	11:30 4:30	9:10 5:10		9:00 5:05	
	Lunch: Out - In		1:00 1:30		12:30 1:00		1:00 1:30	
	Outside Duty: From - To				11:30 12:30			
Document exceptions or comments, indicate type and amount.				Vac 2.5 hrs ✓	Vac 1 hr ✓	SIF 4.5 ✓		
Tan, Zhi 45161000 <i>Zhi Tan</i> Employee Signature	Day: In - Out		6:45 6:00	6:45 6:00	6:45 6:00	6:45 6:00	6:45 6:00	6:45 4:45
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	11:45 12:15	11:50 12:20	11:50 12:20
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			OT 3.25 ✓	OT 3.25 ✓	OT 3.25 ✓	OT 3.25 ✓	OT 3.25 ✓	OT 9.5 ✓
Tran, Mai 45161000 <i>Mai Tran</i> Employee Signature	Day: In - Out		8 12:30		8:45 2:15	8 12:45		
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			1.5 PER ✓			2. PER ✓		
45161000 Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 5/20/10

# of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: ☒ paid at OT rate \_\_\_\_\_ added to comp time balance \_\_\_\_\_  
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: [Signature] Date: 5/21/10

Denial reason: \_\_\_\_\_

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Lisa Glazer	314719	6.0 hrs			
Della Saunders	147387	9.5 hrs			
Zhi Tan	148724	9.5 hrs			